

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000016499

FILED
Mar 20, 2009
Secretary of State

Entity Name: KATHRYN GRACE FLEMING, P.A.

Current Principal Place of Business:

302 SOUTHARD STREET
SUITE 210
KEY WEST, FL 33040

New Principal Place of Business:

2714 HOFFNER AVE.
ORLANDO, FL 32814

Current Mailing Address:

302 SOUTHARD STREET
SUITE 210
KEY WEST, FL 33040

New Mailing Address:

9415 BEAUREGARD AVE.
MANASSAS, VA 20110

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FLEMING, KATHRYN GRACE
302 SOUTHARD STREET
SUITE 210
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

JACQUOT, DAVID L
2714 HOFFNER AVE.
ORLANDO, FL 32814 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DAVID LEE JACQUOT

03/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FLEMING, KATHRYN GRACE
Address: 906A FRANCES ST
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FLEMING, KATHRYN GRACE
Address: 9415 BEAUREGARD AVE.
City-St-Zip: MANASSAS, VA 20110

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHRYN GRACE FLEMING

PD

03/20/2009

Electronic Signature of Signing Officer or Director

Date